

## Notification of Completion Request for Inspection

(Submit at least 15 days prior to scheduled opening)

Return to: Iowa Department of Public Health Swimming Pool Program 321 East 12<sup>th</sup> Street

Des Moines, IA 50319 Fax: (515) 281-4529

Project			Official Use Only
Name:			Date Received:
Address:			Permit Date:
City:		County:	Permit #:
Owner			
Contact Name:			
Contact Telephone:			
Contact Email:			
Certified Poo	ol Operator		
Name:		Registration #:	
Contact Telephone:			
Contact Email:			
scheduled ope schedule and c Scheduled Op	otification of completion shall be conting in fulfillment of the requirement of the requirement of the requirement of the an inspection prior to the ening Date:  y that the construction of the swim	ent under 15.5(1)"d" so tha opening date.	it the department may
0	Each recirculation pump, filter, chemical feed system, automatic chemical controller, flow meter, thermometer, and pool heater (where applicable) are operational.		
0	The required plumbing fixtures are installed and operational.		
0	The pool and/or spa enclosure including gates/doors is complete.		
0	The decks and the associated pool and deck lighting is complete and operational.		
Signature of O	wner/Authorized Representative: _		
Date:			